



2007 Application Form

July 30 – August 4, 2007

James River State Park

Adventures in Leadership through Investigation and Visitation in the Environment

APPLICANT SECTION A – Please write legibly or type.

Applicant's Full Name: _____ Date of Birth: _____ Example (01/01/1990)

Name to appear on nametag: _____ Age: _____ Male ☐ Female ☐

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Name of High School Attending in '07/08: _____ Grade Entering _____

City/County where you live: _____ Are you home schooled? Yes ☐ No ☐

Applicant's Signature: _____ Date: _____
(Your Signature on the line above indicates your intent to attend **ALIVE by the James** Camp. Signature on form must be original.)

PARENT OR GUARDIAN SECTION B

Example

Full Name of Parent or Guardian: _____

Daytime Contact Number: _____ Evening Contact Number: _____

Signature of Parent or Guardian: _____ Date: _____
(Your Signature on the line above grants permission for the Applicant to attend **ALIVE by the James** Camp. Signature on form must be original.)

TEACHER OR ADVISOR/MENTOR SECTION C – To be completed by person recommending Applicant. Recommendations are accepted from teachers, forestry professionals, soil and water conservation districts, Extension Agents, 4-H and scout leaders, sponsor organizations, etc.

Please check one in each of the following categories using your best knowledge of the Applicant:

Attitude:	_____	Fair	_____	Good	_____	Excellent
Scholastic Standing:	_____	Fair	_____	Good	_____	Excellent
Interest in Studies of the Environment:	_____	Fair	_____	Good	_____	Excellent

Please provide information on the applicant's interests and activities that justify why you feel the applicant will benefit

Signature of Person Providing Recommendation: _____ Date: _____

Printed Name _____ Title/Capacity for Recommendation: _____

Mailing Address: _____
Street City State Zip

Email: _____ Phone: _____

Please TURN TO THE BACK of this page for more information.



More information on **ALIVE by the James** can be found on
www.olddominionrdc.org

If you have questions, please call the Camp Co-Directors:

Ruth Wallace at 434-969-4261 (Virginia Cooperative Extension – Buckingham 4-H)

Sherry Ragland at 434-983-4757, Extension 4. (Peter Francisco Soil and Water Conservation District)

Mail this completed form with deposit of \$50 by July 2, 2007. Balance of \$135 is due upon notification of acceptance. Make check payable to Buckingham Extension Fund and mail to:

ALIVE by the James
Buckingham Extension Office
PO Box 227
Buckingham, VA 23921-0227

Cancellation Policy: Full refund if requested on or before 4:00 pm on July 2, 2007. 50% refund on or before 4:00 pm on July 16, 2007. Absolutely no refund after July 16, 2007.



ALIVE by the James is made possible by a number of different agencies and organizations, with many people lending their expertise to make this camp a reality.



The Peter Francisco Soil and Water Conservation District prohibits discrimination on the basis of race, color, national origin, sex, religion, age disability, political beliefs, and marital status. Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer. If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact the Buckingham Extension Office at 434/969-4261/TDD* during the business hours of 8:00 am to 5:00 pm to discuss accommodations two weeks prior to the event. *TDD number is 800/828-1120.